

NH Wing -- Civil Air Patrol  
SQUADRON Check Request

**Squadron:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PAY TO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**AMOUNT:** \_\_\_\_\_

**APPROVED:** \_\_\_\_\_

(if more than \$500 requires squadron finance committee approval)

**APPROVED:** \_\_\_\_\_

Account #	Amount	Date	Paid To:	FOR: Give details.

Special Instructions: Pick up check at NH Wing: Need by, Etc.

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